



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY TRAINING CENTER AND FORT JACKSON
4325 FORT JACKSON BOULEVARD
FORT JACKSON, SC 29207-5015

REPLY TO
ATTENTION OF

16 MAR 2011

IMSE-JAC-MWA

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Commanders, Fort Jackson Partners in Excellence
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Sexual Harassment and Assault Response and Prevention Program
Standard Operating Procedures (SOP)

1. PURPOSE. This SOP sets forth procedures and policies to be used at Fort Jackson, South Carolina, for the education, prevention, reporting, investigation, action, follow-up and treatment of victims of sexual assault and assigns responsibility for the Sexual Harassment and Assault Response and Prevention Program (SHARP). The policy promotes sensitive care and confidential reporting for victims of sexual assault and accountability for those who commit these crimes.
2. SCOPE. This SOP applies to incidents of sexual assault of active duty Soldiers entitled to health care at Moncrief Army Community Hospital, hereafter known as the Medical Treatment Facility (MTF). This SOP does not supersede any regulation or statutes that may be later issued. Fort Jackson is an exclusive federal legislative jurisdiction enclave, and therefore relationships with state agencies must be governed by a memorandum of agreement (MOA).
3. APPLICABILITY. The procedures in this SOP are applicable to the Regular Army; U. S. Army Reserves on active duty, active duty for training, or special active duty for training (30 days or more duration); the Army National Guard of the United States on active duty, active duty for training, or special active duty for training under title 10, United States Code (30 days or more duration); members of other uniformed services assigned or attached in the Fort Jackson catchment area; and others entitled to care in MTF.
4. REFERENCES:
 - a. Army Regulation 195-1, Army Criminal Investigation Program, 12 August 1974
 - b. Memorandum, Under Secretary of Defense for Personnel and Readiness, 12 November 2004, subject: Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)

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c. Memorandum, Under Secretary of Defense for Personnel and Readiness, 22 November 2004, subject: Data Call for CY04 Sexual Assaults (JTF-SAPR-003)

d. Memorandum, Under Secretary of Defense for Personnel and Readiness, 22 November 2004, subject: Increased Victim Support and A Better Accounting of Sexual Assault Cases (JTF-SAPR-002)

e. Memorandum, Under Secretary of Defense for Personnel and Readiness, 22 November 2004, subject: Review of Administrative Separation Actions Involving Victims of Sexual Assault (JTF-SAPR-004)

f. Memorandum, Under Secretary of Defense for Personnel and Readiness, 13 December 2004, subject: Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006)

g. Memorandum, Under Secretary of Defense for Personnel and Readiness, 13 December 2004, subject: Training Standards for DoD Personnel on Sexual Assault Prevention & Response (JTF-SAPR-007)

h. Memorandum, Under Secretary of Defense for Personnel and Readiness, 15 December 2004, subject: Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005)

i. Memorandum, Under Secretary of Defense for Personnel and Readiness, 17 December 2004, subject: Collaboration with Civilian Authorities for Sexual Assault Victim Support (JTF-SAPR-010)

j. Memorandum, Under Secretary of Defense for Personnel and Readiness, 17 December 2004, subject: Response Capability for Sexual Assault (JTF-SAPR-008)

k. Memorandum, Under Secretary of Defense for Personnel and Readiness, 17 December 2004, subject: Training Standards for Sexual Assault Response Training (JTF-SAPR-011)

l. Memorandum, Under Secretary of Defense for Personnel and Readiness, 17 December 2004, subject: Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012)

m. Memorandum, Deputy Secretary of Defense, 16 March 2005, subject: Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009)

n. Memorandum, Under Secretary of Defense for Personnel and Readiness, 26 April 2005, subject: Essential Training Task for a Sexual Assault Response Capability (JTF-SAPR-013)

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o. Memorandum, Under Secretary of Defense for Personnel and Readiness, 30 June 2005, subject: Sexual Assault Evidence Collection and preservation under Restricted Reporting (JTF-SARP-014)

p. Army Regulation 27-10, Military Justice, Chapter 18, 16 November 2005

q. Army Regulation 600-20, Chapter 8, Sexual Assault Prevention and Response Program, 18 March 2008

r. Army Regulation 195-2, Criminal Investigation Activities, 15 May 2009

5. DEFINITIONS.

a. Sexual Assault. Sexual assault is a crime. Sexual assault is defined as intentional sexual contact characterized by use of force, physical threat, or abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), unwanted, inappropriate sexual contact or fondling, or attempts to commit these acts. Sexual assault can occur without regard to the gender, spousal relationship, or age of the victim.

(1) "Consent" will not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, the threat of force, or coercion, or when the victim is asleep, incapacitated, or unconscious.

(2) Other sex-related offenses are defined as all other sexual acts or acts in violation of the Uniform Code of Military Justice that do not meet the definition of sexual assault or the definition of sexual harassment as stated in DOD Directive 1350.2. Examples of other sex related offenses could include indecent acts with another and adultery.

b. Victim Advocate Coordinator (VAC). The VAC is an individual who is designated, trained, and in place to quickly respond to assist a victim of sexual assault. The VAC's mission is to support, assist, and guide the victim through the medical, investigative, and judicial processes. The VAC, however, must not make decisions or speak for the victim, or interfere with the legitimate operations of the medical, investigative, and judicial processes. Use of a VAC is not mandatory. The victim will be informed of the availability of VAC services and decide whether to accept the offer of services. A victim may choose to seek help without the presence or assistance of a VAC.

(1) Installation Victim Advocates (IVA). The IVA is a VAC who is embedded in Army Community Service and works under the auspices of the Family Advocacy Program (FAP) in their community of assignment.

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(2) Unit Victim Advocate (UVA). The UVA is a Soldier who is appointed on orders to perform VAC duties in his or her unit of assignment, whether deployed or in garrison. Commanders at battalion level and above must appoint at least two Soldiers to serve as UVAs. Note: When in garrison, victims have the option of seeking assistance from an IVA or UVA, based on their preference.

c. Sexual Assault Response Coordinator (SARC). The SARC is an individual who serves as the designated program coordinator of victim support services to coordinate and oversee the local implementation and execution of the SHARP. SARCs are embedded in Army Community Service and work under the auspices of the FAP in their community of assignment. The SARC should be contacted immediately when an incident of sexual assault occurs. The SARC will explain the VAC services available to the victim and assign a VAC (either an IVA or UVA), if desired by the victim.

d. Deployable Sexual Assault Response Coordinator. The deployable SARC is a Soldier assigned at brigade and higher levels of command that is designated and trained to assume SARC duties during deployments. Deployable SARCs should be prepared to assume the executive agent role for coordinating the sexual harassment and assault response and prevention program at a level commensurate with the level of command to which they are assigned (e.g., from brigade through the theater of operation).

e. Reporting Sexual Assault. An individual who is sexually assaulted may report the incident in a restricted or unrestricted manner. On notification of a sexual assault, the SARC will advise the victim regarding his or her options for restricted and unrestricted reporting.

(1) Restricted Reporting. Restricted reporting allows a sexual assault victim to confidentially disclose the details of the assault to the SARC or a healthcare provider, and to receive medical treatment, counseling, and victim advocacy, without triggering the official investigative process. As a general rule, the SARC, the assigned VAC, and healthcare providers may not disclose confidential communications from a sexual assault victim who desires restricted reporting. However, the SARC must still report general information concerning the incident, without information that could reasonably lead to the personal identification of the victim, to command officials within 24 hours after the incident. In addition, the SARC, the assigned VAC, and healthcare providers may disclose confidential information to specific individuals for specific purposes as outline in AR 600-20, Chapter 8, Appendix 1-6.

(2) Unrestricted Reporting. A Soldier who is sexually assaulted and desires medical treatment, counseling, and an official investigation of his or her allegation should use normal reporting channels (e.g., the chain of command or law-enforcement channels) or report the incident to the SARC. Details regarding the incident will be released only to those personnel who have a legitimate need to know, including the VAC, the victim and the alleged offender's chain of command, medical personnel, and law-enforcement officials.

f. **Victim Witness Liaison.** The victim witness liaison is the primary point of contact (POC) at Staff Judge Advocate (SJA) offices through which victims and witnesses may obtain information and help with obtaining available victim/witness services, including where victims may receive emergency medical care and social service support; programs that are available to provide treatment, counseling, and other support to the victim; and an explanation of the military criminal justice system, the role of victims and witnesses in the process, and additional information concerning the legal process or a case in general. The victim/witness liaison provides information to the VAC on legal matters and ongoing legal action related to the sexual assault.

g. **Sexual Assault Review Board (SARB).** The SARB is a multidisciplinary board that provides executive oversight, procedural guidance, and feedback concerning the SHARP. The SARB will convene each month at the Installation level, or at the brigade level or higher in a deployed environment. The SARB will review cases and procedures to improve processes, system accountability, and victim access to high quality services. Appendix C provides additional information on SARB.

h. **Collateral Misconduct.** Many incidents of sexual assault involve circumstances where the victim may have engaged in some form of misconduct (e.g., underage drinking or other alcohol-related offenses, adultery, fraternization, and other violations of regulations or orders). This behavior may be considered collateral misconduct for which disciplinary action, if any, may be deferred by unit commanders until the final disposition of the sexual assault case.

6. VICTIM ADVOCACY SUPPORT.

a. Victims must have access to a well-coordinated, responsive sexual assault victim advocacy program that is available 24-hours a day, seven days a week, both in garrison and in deployed environments. In garrisons, victims may choose to use the services of either an IVA or a UVA. All VACs (installation and UVAs) shall receive an initial eight-hour block of training and 32 hours periodic refresher training. The victim's use of advocacy services is optional. There are three levels of sexual assault VACs in garrison.

(1) The SARC is responsible for coordinating the local implementation of the Army SHARP. The SARC will assign either an IVA or a UVA, based on the desires of the victim.

(2) The IVAs work directly with the SARC, victims of sexual assault, UVAs, and other installation-level response agencies.

(3) The UVAs are Soldiers who are trained to provide limited victim advocacy as a collateral or additional duty. Each battalion will provide two UVAs to perform VAC services. UVAs will be placed on an on-call roster maintained by the SARC. During this on-call period, each UVA will stay in contact with the SARC in case a victim requires UVA services.

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b. The two echelons of VACs in deployed environments are as follows:

(1) Deployable SARCs are Soldiers trained and responsible for coordinating the unit SHARP as a collateral or additional duty in a specified area of a deployed theater.

(2) The UVAs are Soldiers who are trained to provide victim advocacy as a collateral or additional duty.

7. RESPONSIBILITIES.

a. General. The SHARP is the Fort Jackson Installation Commander's program, managed by the SARC. The SARC is appointed on orders by the Fort Jackson Installation Commander. The SARC serves as the commander's subject matter expert on the SHARP and ensures that the program is in compliance with regulations and statutes. The SARC works under the supervision of the Family Advocacy Program Manager. The SARC is responsible for prevention, education, reporting, and liaison with community and military services. The SARC will ensure that a 24-hour report line is operational for the installation. The SARC or VAC can be reached 24-hours a day at (803) 429-4870.

b. For specific responsibilities, see APPENDIX A.

8. PREVENTION AND EDUCATION. The SARC is responsible for providing and coordinating community-wide prevention and education efforts regarding sexual assault. This includes, but is not limited to, educational classes and briefings for Soldiers, briefings and public information for the community, primary prevention education for Soldiers and VACs, education or special service programs for high-risk groups, outreach services, crisis counseling and referral, and professional training for staff involved in SHARP. Community members may contact the SARC at 751-6325, Bldg 5450 Strom Thurmond Boulevard, Room 218, to plan, organize, and implement prevention and educational events for specific groups or organizations. Other Fort Jackson activities such as MP, MTF and Chaplain's Office may coordinate with the SARC for SHARP training and education.

9. TRAINING REQUIREMENTS.

a. The SARC will ensure all VACs (IVAs and UVAs) and SARB members attend the specialty and first responder training for the SHARP. SHARP training will be part of the annual unit training, in-processing, leader development and professional military education programs, pre-deployment and reintegration training.

b. General. Training will be tailored to the target audience. Scheduled training will utilize formal training support package on sexual harassment assault response and prevention developed by the Soldier Support Institute. All trainings must cover the following areas:

- (1) The Army's policy on sexual assault.
 - (2) Definitions and examples of sexual assault.
 - (3) Resources to assist victims of sexual assault.
 - (4) Sexual assault prevention and the appropriate responses.
 - (5) Chain-of-command responsibilities for enforcing the Army's policy on sexual assault.
 - (6) Risk factors and issues in the unit setting, including in deployed environments.
 - (7) Timely reporting of sexual assault.
 - (8) Privileged and confidential communications (restricted and unrestricted reporting).
 - (9) Victim rights.
 - (10) Potential first-responder POCs that should be contacted to initiate victim assistance, including healthcare personnel, law-enforcement personnel, chaplains, the chain of command, legal services personnel, FAP personnel, the equal opportunity adviser or program manager, the SARC, the IVA or UVA, and social work services personnel.
- c. Unit-level Training. All Soldiers will attend and participate in unit-level sexual harassment and assault response and prevention program training annually. The commander will incorporate sexual harassment and assault response and prevention program training into the overall unit training plan. Training will be scenario based and use real life situations to demonstrate the entire cycle of reporting, response, and accountability procedures. Training should include audience and group participation, and use the Consideration of Others format that encourages group discussion.
- d. In-processing. Sexual harassment and assault response and prevention program training will be included in the in-processing and newcomers briefing.
- e. Leader Development and Professional Military Education. Sexual harassment and assault response and prevention program training will be included in the program of instruction for all commander and leader training courses (e.g., the Pre-command Course, Rear Detachment Commander's Course, Company Commander/First Sergeant Course, and Warrior Leaders Course). Training should stress the seriousness of sexual assault and provide leaders with knowledge, awareness, and prevention techniques regarding sexual assault that they can apply to their daily leadership responsibilities and their personal lives.

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f. Pre-deployment. As part of pre-deployment training, Soldiers will be given information to increase awareness of the customs of the host country and any coalition partners, in an effort to help prevent sexual assault in deployed environments. Pre-deployment training must:

- (1) Include risk-reduction factors that are tailored to the specific deployment location.
- (2) Concentrate on the specific foreign countries or areas anticipated for deployment, and include customs, mores, religious practices, and a brief history of those foreign countries or areas.
- (3) Address the cultural customs and mores of coalition partners.
- (4) Address procedures for reporting sexual assault to ensure that Soldiers are aware of the full range of options available to them and have knowledge of the location and contact information for response agencies in the deployed theater.
- (5) Identify support systems that will be available during the deployment, including the chain of command, UVAs, deployable SARCs, healthcare providers, CID or MP officials, SJAs, and chaplains.

g. Reintegration. Personnel returning from Operation Iraqi Freedom, Operation Enduring Freedom, and other deployed missions will receive sexual harassment and assault response and prevention training as one of their reintegration tasks.

h. First-Responder Training. First responders to sexual assault incidents will be trained to ensure that any person requiring assistance will receive the same high quality and standard of care throughout the community. First-responder training will include, but not be limited to, sensitivity to sexual assault victims, timeliness of care, collection of forensic evidence, provision of general medical care, VA assistance, confidentiality, reporting guidelines and procedures, and the availability of mental-health resources for victims. First responders include:

- (1) Chaplains.
- (2) Healthcare personnel
- (3) Judge advocate officers
- (4) Law-enforcement personnel and criminal investigators.
- (5) SARCs.
- (6) VACs.

10. REPORTING PROCEDURES.

a. Reporting Responsibilities. Reports of suspected sexual assault can be made to the VAC cell phone, 24-hours a day at (803) 429-4870. For information on sexual assault, call family advocacy at 751-6325.

b. Victims of sexual assault have two reporting options: restricted or unrestricted reporting. Victims must report to specified personnel in order to exercise the restricted reporting option.

c. Restricted Reporting. A person who is sexually assaulted and desires medical care, counseling, and victim advocacy without initiating the investigative process should use the restrictive reporting option. Restricted reporting allows a sexual assault victim to confidentially disclose the details of his or her assault to specifically identified individuals and to receive medical treatment and counseling without initiating the official investigative process. Restricted reporting is intended to give victims additional time and increased control over the release and management of their personal information, and to empower them to seek relevant information and support to make more informed decisions about participating in a criminal investigation. A victim who receives appropriate care and treatment and is provided an opportunity to make an informed decision about a criminal investigation is more likely to develop increased trust in the command and may eventually decide to participate in a criminal investigation. Even if the victim chooses not to pursue a criminal investigation, this additional reporting option gives commanders a clearer picture of sexual violence in their command and enhances their ability to provide an environment that is safe, which contributes to the well-being and mission readiness of all unit members. In particular cases, the prohibition on disclosing covered communications may be waived. Restrictive reporting procedures are as follows:

(1) Persons who are sexually assaulted and desire restricted reporting under this policy should report the assault to the SARC or a healthcare provider.

(2) Consistent with policy, victims may also report the sexual assault to a chaplain. This policy on restricted reporting is in addition to the protections normally afforded to communications with a chaplain and does not alter or affect those protections.

(3) Healthcare providers will initiate the appropriate care and treatment, and report the sexual assault to the SARC instead of law-enforcement officials or the chain of command.

(a) At the victim's discretion/request, the healthcare provider, if appropriately trained and supervised, will conduct a forensic medical examination, which may include the collection of evidence. Disposition instructions for such evidence are provided in AR 600-20, Appendix J.

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(b) If a Department of Defense healthcare provider is not available, the victim will be appropriately referred to a civilian provider for the forensic examination, if the victim request such a forensic examination.

(4) On notification of a reported sexual assault, the SARC will immediately assign an IVA/ UVA, if desired by the victim. The assigned VAC will give the victim accurate information on the process, including the process of restricted versus unrestricted reporting. If the victim has not already been taken to a healthcare provider and desires medical treatment, the IVA/UVA will also ensure the victim is taken to a healthcare provider without reporting the incident to law-enforcement officials or the chain of command. Medical services will be completed in accordance with MEDCOM regulations, MOA, and SOPs.

(5) The victim must acknowledge in writing his or her understanding that restricted reporting may limit the ability of the Government to prosecute the assailant, and that he or she understands the reasons why Army policy favors unrestricted reporting.

(6) For purposes of public safety and command responsibility, the SARC will report information concerning incidents of sexual assault, without information that could reasonably lead to the personal identification of the victim, to command officials within 24 hours after the incident.

d. Unrestricted Reporting. A person who is sexually assaulted and desires medical treatment, counseling, and an official investigation of his or her allegation should use normal reporting channels (e.g., chain of command or law-enforcement officials) or report the incident to the SARC.

(1) On notification of a reported sexual assault, the SARC will immediately assign an IVA or UVA if desired by the victim. If the victim has not already been taken to a healthcare provider and desires medical treatment, the IVA/UVA will also ensure the victim is taken to a healthcare provider. Medical services will be completed in accordance with MEDCOM regulations, MOA, and SOPs.

(2) Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

e. Confidential Communication. Regardless of whether the victim chooses restricted or unrestricted reporting, confidentiality of medical information will be maintained in accordance with guidelines on health information privacy.

(1) Covered communications are oral, written, or electronic communications of personally identifiable information made by a victim to the SARC, the assigned VAC, or a healthcare

provider in relation to the sexual assault. If a victim chooses the restricted reporting option, the SARC, assigned VAC (whether military or civilian), and healthcare providers may not disclose covered communications to law-enforcement or command authorities, either within or outside DoD, except as follows:

(a) For purposes of public safety and command responsibility, the SARC is responsible for reporting information concerning incidents of sexual assault, without information that could reasonably lead to the personal identification of the victim, to command officials within 24 hours after the incident.

(b) If information about a sexual assault is disclosed to the commander from a source independent of the restricted reporting, the commander may report the matter to law-enforcement officials. In this case, law-enforcement officials are authorized to initiate an independent investigation of the matter. In addition, a victim's disclosure of his or her sexual assault to persons outside the protective circle of the persons covered by this policy may result in an investigation of the allegations.

(2) This policy does not create any actionable rights for the alleged offender or the victim, nor does it constitute a grant of immunity for any actionable conduct by the alleged offender or the victim. Covered communications that have been disclosed may be used in disciplinary proceedings against the alleged offender or the victim, even if such communications were improperly disclosed.

f. Exceptions to Confidentiality.

(1) If a victim chooses the restricted reporting option, the prohibition on disclosing covered communications may be waived to permit disclosure to the following persons or entities for the following reasons:

(a) To command or law-enforcement officials when the disclosure is authorized by the victim in writing.

(b) To command or law-enforcement officials when the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another individual.

(c) To disability retirement boards and officials when disclosure by a healthcare provider is required for fitness for duty for disability retirement determinations. Note: Disclosure under these circumstances is limited to information that is necessary to process disability retirement determination.

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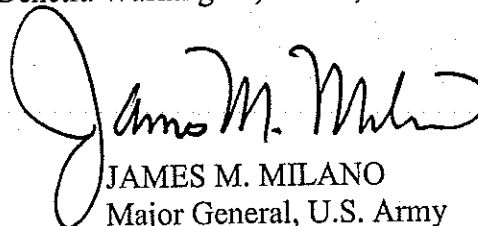
(d) To a SARC, VAC, or healthcare provider when disclosure is required for the supervision of direct victim services.

(e) To military or civilian courts of competent jurisdiction when disclosure is ordered by or is required by federal or state statute. Note: SARCs, VAs, and healthcare providers will consult with their servicing SJA to determine if they have a duty to comply with a court order to disclose covered communications and other information that will identify the victim. Until a determination is made, only non-identifying information should be disclosed.

(2) In accordance with DoD Regulation 6025.18, healthcare providers may also advise the command of any possible adverse impact a victim's medical condition and prognosis will have on the victim's ability to perform his or her duties. However, the specific details of the sexual assault must still be treated as a covered communication and may not be disclosed.

(3) Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in disciplinary actions under the Uniform Code of Military Justice, loss of credentials, or other adverse personnel or administrative actions.

11. The point of contact for this SOP is Denetra Washington, SARC, at 803-751-6344.



JAMES M. MILANO
Major General, U.S. Army
Commanding

APPENDICES:

- A - Delineation of Responsibilities in the Sexual Assault Prevention and Response Program
- B - Commander's Checklist
- C - Sexual Assault Review Board

APPENDIX A
DELINEATION OF RESPONSIBILITIES IN THE SEXUAL HARASSMENT AND
ASSAULT RESPONSE AND PREVENTION PROGRAM (SHARP)

1. Each unit commander will--

a. Attend sexual assault command education programs designed for unit commanders which is incorporated in the Company Commander and First Sergeant Course Curriculum (CCFSC) at Victory University.

b. Ensure Soldiers receive annual SHARP training at troop awareness briefings and safety briefings.

c. Be familiar with rehabilitative, administrative, and disciplinary procedures relating to sexual assault.

d. Report suspected sexual assault incidents to the Sexual Assault Response Coordinator (SARC) at 751-6325 and provide all relevant information.

e. Follow procedures as outlined in the Commander's checklist at Appendix B of this SOP.

2. Family Advocacy Program Manager (FASOP) will:

a. Supervise the SARC.

b. Ensure MOAs are in place with civilian agencies used as a victim services resource.

c. In coordination with Public Affairs Office (PAO), conduct media campaigns to ensure Soldiers are aware of the SHARP.

3. The Medical Treatment Facility (MTF) Commander will:

a. Ensure that all victims of sexual assault, upon initial encounter with the MTF have access to medical care. The forensic examiner may be a member of the MTF medical staff or available outside the MTF by established MOAs.

b. Ensure that the SARC is notified of the sexual assault.

c. Ensure that the Sexual Assault Clinical Provider (SACP) or Sexual Assault Clinical Counselor (SACC), or other professional with appropriate training and experience is appointed to coordinate and provide sexual assault clinical treatment services. Ensure that a SACP manages each sexual assault patient's medical treatment as directly related to the sexual assault incident, from initial presentation to completion of all follow-up visits.

- d. Ensure that all medical providers and MTF personnel participate in annual SHARP training.
 - e. Provide advice and guidance on benefits of the Uniformed Services Health Benefits Program within the TRICARE office.
 - f. Maintain confidentiality of information contained in medical records in accordance with law and regulations.
 - g. Ensure that all direct services and supervisory staff in the MTF receive appropriate clinical training.
 - h. Develop written protocols to address treatment, clinical evaluation, follow-up care in each case of sexual assault.
 - i. Establish administrative procedures related to the management of reported alleged sexual assault cases that ensure beneficiaries who received sexual assault determination (SAD) care in civilian hospitals are not charged for any aspect of that care. Ensure appropriate procedures are in place to coordinate billing for SAD kits with external agencies. In the absence of funding, the MTF (not the victim) will pay for SAD kits.
 - j. Provide local statistics and other pertinent information on the SHARP to the SARC on a monthly basis for community and command information programs, to identify trends, and to prepare required reports.
 - k. Provide diagnostic and treatment services on selected cases as discussed and recommended at the SARB meeting. Other cases receiving services will be identified as sexual assault cases, when appropriate, and those services coordinated with the SARB.
 - l. Provide psychiatric, psychological, and psychosocial evaluations of selected sexual assault cases.
 - m. Provide assistance, as required, to other branches of the military when abuse cases occur on or near the Army installation.
4. The local Criminal Investigation Division (CID) Commander/Special Agent in Charge will conduct investigations in accordance with AR 195-2, Criminal Investigation Activities, which include:
- a. Investigations of all alleged offenses for which the maximum punishment under the Uniform Code of Military Justice (UCMJ) is confinement for one or more years (felonies).
 - b. Aggravated assaults against any victim who is hospitalized for treatment in excess of 24 hours.

c. All attempted incidents of sexual assault (i.e., rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling)), which take place on the installation.

(1) Provide reports of investigation to the appropriate commanders involved.

(2) Provide a representative to serve as a member of the SARB.

5. The Provost Marshal will:

a. Serve or provide a representative to serve as a member of the SARB.

b. Ensure evidence collected in restricted cases of sexual assault are transported IAW JTF-SAPR-014 and AR 195-5.

c. Ensure evidence collected in restricted cases of sexual assault are stored in evidence room for one year.

d. Ensure SARC is advised within 30 days of destruction of evidence.

6. The Staff Judge Advocate (SJA) will:

a. Serve or provide a representative to serve as a member of the SARB.

b. Advise commanders and the SARB on applicable laws and regulations affecting current sexual assault cases and other SHARP issues.

c. Coordinate with federal, state, and local authorities as required, on the criminal prosecution of offenders involved in sexual assault cases not subject to the UCMJ, and cases occurring off post.

d. Recommend alternative courses of action to the commander and the SARB when those actions under consideration are prohibited or otherwise limited by applicable law or regulation.

e. Perform the legal review of the installation MOA involving the handling of sexual assault within the command.

f. Advise the commander and SARB on the legal authority that may be exercised by the state over Soldiers involved in sexual assault cases residing on and off the installation.

g. Designate one or more persons to serve as victim/witness liaison through which sexual assault victims and witnesses may obtain information and assistance in securing available victim/witness services. (See AR 27-10, Military Justice, Chapter 18, for procedures.)

h. Appoint a judge advocate officer to serve as a liaison with local civil authorities to ensure that courts conducting civil or criminal proceedings relating to sexual assault involving Soldiers

or their Family members are made aware of relevant information, to include the securing of witnesses, documents, and other evidence.

7. Installation Chaplain will:

- a. Serve or provide a representative to serve as a member of the SARB.
- b. Assure that pastoral care is available for Soldiers and Family members in sexual assault cases.
- c. Provide programs that promote recovery from sexual assault and Family wellness, Family enrichment, and Family spiritual life.

8. The Installation PAO will:

- a. Conduct media campaigns to increase community awareness of the problems of sexual assault and the availability of resources (e.g., medical, law-enforcement, legal, and other assistance, and counseling).
- b. Coordinate the release of all sexual assault public awareness materials with the SARC.
- c. Release information to the media. Release of information regarding specific cases of sexual assault that have aroused public concern are particularly sensitive and should be carefully coordinated with the SJA, SARC, and appropriate law-enforcement agency.
- d. Advise the SARB on public affairs policies and procedures involving sexual assault, including the provisions of AR 360-1, Public Information, and the public release of certain investigative reports.
- e. Obtain DA/MACOM public affairs guidance as required for specific situations.
- f. Prepare public affairs assessments and annexes as needed.

9. The SARC will:

- a. Be appointed on orders by the Installation Commander.
- b. Coordinate prevention efforts, direct services, administration, evaluation, and training efforts of the SHARP on the installation.
- c. Serve as the central POC for all SHARP briefings or training requests related to the SHARP.
- d. Provide liaison with civilian and military service providers, and assume lead responsibility for developing and coordinating an installation MOA.

e. Be responsible for managing, budgeting, contracting, reporting on appropriations, and requesting or programming for needed resources.

f. Coordinate the management of the installation SARC with similar medical and other programs serving military Families to avoid duplication of effort.

g. Brief the Installation Commander on the overall program, system responses, extent of problem, and new initiatives. The initial briefing should be done within 45 days of the commander's assignment and repeated periodically. Briefings should be conducted upon turnover of either the SARC or the Installation Commander.

h. Consolidate all statistical data on sexual assault.

i. Develop a post-wide community education program to:

(1) Inform all personnel about the seriousness of sexual assault, including the prevention and educational resources.

(2) Publicize procedures for reporting incidents of sexual assault, including the risk reduction options.

(3) Emphasize the importance of total community involvement in the installation SHARP

j. Implement ongoing training to ensure each unit commander is briefed on the SHARP within 45 days prior to or following assumption of command. This training is incorporated in the CCFSC curriculum at Victory University.

k. Brief all staff members involved in SHARP on the installation (e.g., Public Affairs Officer, SJA, Provost Marshal, CID Commander, MTF Commander, Installation Chaplain, and ACS Director) about the SHARP when there is a change in staffing of any of these positions. The SARC will also serve as the installation POC for all requests for briefings, training, and other educational efforts relating to the SHARP.

10. The Installation Victim Advocate (IVA) will:

a. Provide crisis intervention, referral, and ongoing non-clinical support to the active duty sexual assault victim.

b. Report to and coordinate directly with the SARC.

c. Provide sexual assault victims with information on "Restricted" and "Unrestricted" reporting options. A victim preference statement will be signed by the victim specifying which reporting option they would like to choose.

d. Provide sexual assault victims with information, referrals, advocacy and support as needed.

e. Participate in SARB meetings as required.

13. The Unit Victim Advocate (UVA) will:

a. Provide crisis intervention, referral, and ongoing non-clinical support to the active duty sexual assault victim.

b. Report to and coordinate directly with the SARC.

c. Provide sexual assault victims with information on "Restricted" and "Unrestricted" reporting options. A victim preference statement will be signed by the victim specifying which reporting option they would like to choose.

d. Provide sexual assault victims with information, referrals, advocacy and support as needed.

e. Participate in SARB meetings as required.

APPENDIX B
COMMANDER'S CHECKLIST

Army Sexual Harassment and Assault Response and Prevention Program
Commander's Sexual Assault Victim Assistance Checklist

(Note: These actions are to be taken in the event of receiving a report of sexual assault. Not necessarily all will be taken by the commander.)

1. ____ Ensure the physical safety of the victim – determine if the alleged assailant is still nearby and if the victim needs protection.
2. ____ Notify the Sexual Assault Response Coordinator (SARC).
3. ____ Advise the victim of the need to preserve evidence (e.g., by not bathing, showering, washing garments).
4. ____ Encourage the victim to report the incident and get a medical examination immediately (even if the incident occurred prior to the past 72 hours).
5. ____ Make appropriate administrative and logistical coordination for movement of victim to receive care. (Involve the minimum number of personnel possible and only on a need-to-know basis.)
6. ____ Ask if the victim needs a support person (e.g., a personal friend, Victim Advocate Coordinator, Chaplain) to immediately join the victim.
7. ____ Notify the Chaplain if the victim requests pastoral counseling or assistance.
8. ____ Notify the Criminal Investigation Division (CID), Military Police, Installation Provost Marshal (per AR 195-1, paragraph 6), and Commanders in the chain of command (as appropriate) within 24 hours (as soon as the victim's safety is established and the victim's medical treatment procedures are in motion) and:
 - Limit the details regarding the incident to only those personnel who have a legitimate need to know.
 - Take action to safeguard the victim from any formal or informal investigative interviews or inquiries, except by those personnel who may have a "need to know", including but not limited to, the CID investigator(s) and the trial counsel.
 - Collect only the necessary information (e.g., victim's identity, location and time of the incident, name and/or description of offender(s)). Do not ask detailed questions and/or pressure the victim for responses.
9. ____ Ensure the victim is made aware of, and encouraged to exercise, their options during each phase of the medical, investigative, and legal processes.

10. _____ Ensure the CID investigator notifies victims and witnesses of their rights through a completed Victims and Witnesses of Crime form, DD Form 2701. (Reference AR 27-10.)
11. _____ Inform the victim of the resources in theater that are available to them through the Victim and Witness Assistance Program (VWAP) (AR 27-10). Also, inform the victim of resources that are accessible from the Area of Operation (i.e., Military One Source (from U.S.: 1-800-464-8107; international: 800-464-81077 or International collect: 484-530-5889, 24 hours a day, seven days a week).
12. _____ Provide emotional support to the victim, including:
- Throughout the investigation, consult with the victim and, to the extent practicable, accommodate the victim's wishes, as long as a full and complete investigation is not compromised.
 - Listen/engage in quiet support of the victim, as needed. Be available the weeks and months following the sexual assault, and ensure the victim that she/he can rely on the commander's support.
 - Emphasize to the victim the availability of additional avenues of support; refer to available counseling groups and other victim services.
13. _____ Confer with the commander's legal representative and/or servicing SJA office to consider legal options, responsibilities (e.g., pretrial restraint, military protective order), and appropriate disposition of the alleged offense, If the subject is a foreign national or from a coalition force, confer with SJA on responsibilities, options, and victims rights.
14. _____ Determine the best courses of action for separating the victim and suspect during the investigation.
- Determine whether the victim desires to be transferred to another unit.
 - Determine if the suspect needs/desires to be transferred to another unit.
 - Consider whether a Military Protection Order (MPO) (DD Form 2873), referred to as "no contact order," is appropriate.
 - Coordinate with sexual assault resources and chain of command (involve as few people as possible and only on a need to know basis, protecting the victim's privacy) to determine if the victim's condition warrants redeployment or reassignment until there is a final legal disposition of the sexual assault case and/or the victim is no longer in danger. To the extent practicable, preferential consideration is related to the reassignment and should be based on the victim's desires.
15. _____ Flag (suspend favorable personnel actions) any Soldier under charges, restraint, or investigation for sexual assault in accordance with AR 600-8-2 (Suspension of Favorable Actions), and suspend the Soldier's security clearance in accordance with AR 380-67 (The Department of the Army Personnel Security Program).

16. _____ Avoid automatic suspension or revocation of the victim's security and/or personnel reliability program clearance, when possible, as the victim can be treated for related trauma. Consider the negative impact that suspension of a victim's security clearance has on both the victim's sensitivity and the service climate for reporting. Commanders should consider making this decision in consultation with a credentialed behavioral health professional.
17. _____ Determine how to best dispose of the victim's collateral misconduct. Absent overriding considerations, commanders should consider exercising their authority in appropriate cases to defer disciplinary actions for the victim's misconduct until after the final disposition of the sexual assault case.
18. _____ Update the battalion or higher-level commander on the status of the victim and subject(s) within 14 calendar days, and on a monthly basis thereafter, until the case is officially closed. If the victim or suspect is transferred or redeployed prior to the case closing, coordinate with investigative and SJA personnel before ceasing monthly updates on parties involved.
19. _____ Consult with the servicing legal office, criminal investigative organization, and notify the assigned victim advocate prior to taking any administrative action affecting the victim.
20. _____ Ensure unit personnel are abreast of risk factors associated with sexual assault, especially those risk factors unique to the deployed environment.

APPENDIX C

Sexual Assault Review Board (SARB)

1. General. This appendix prescribes the mission, responsibilities, procedures, and policy pertaining to installation level SARBs in both garrison and deployed environments. In deployed environments, SARBs will be convened at brigade level or higher, as appropriate, and follow the same format as the SARB in a garrison environment.

2. Mission. The SARB provides executive oversight of, procedural guidance for, and feedback concerning the sexual harassment and assault response and prevention program. This board reviews the response and prevention program to any incidents of sexual assault. This includes reviewing cases and procedures to improve processes, system accountability, and victim access to high quality services.

3. Composition. Members are appointed on orders by the Installation Commander for a minimum of one year, subject to reappointment at the end of that period. The Installation Commander will chair the SARB and will convene this multidisciplinary board each month.

a. The SARB will consist of the following military or civilian professionals:

(1) The SARC or deployable SARC (as appropriate).

(2) The IVA and any victim advocates involved in the cases being reviewed.

(3) SACP or SACC.

(4) Chaplain or representative.

(5) Provost Marshal or representative.

(6) A representative from CID.

(7) The SJA or representative.

(8) Chief, Behavior Health.

(9) Other members may be appointed by nature of their responsibilities as they pertain to sexual assault (e.g., victim witness liaison, Army Substance Abuse Program).

4. Responsibilities.

a. The Installation Commander or a designated representative will chair the SARB and will:

(1) Convene SARB meetings at least monthly to review sexual assault cases.

(2) Provide SARB findings through appropriate command channels noting deficiencies in processes and procedures for preventing or responding to incidents of sexual assault.

(3) Implement process improvements to ensure system accountability and an effective victim services program.

(4) Ensure that multidisciplinary sexual harassment and assault Response and Prevention service providers are receiving appropriate training and have the necessary resources to do the job.

(5) Facilitate monthly victim updates.

(6) Maintain the integrity of confidential cases.

b. SARB members will:

(1) Perform required functional tasks as designated by applicable regulations and as directed by the Installation Commander.

(2) Conduct ongoing reviews of procedures for each alleged sexual assault case for compliance with regulations and local policy in keeping with the accepted high standards of victim care.

(3) Meet at least monthly to review the handling and disposition of all alleged sexual assault cases, and provide recommendations to the SARB on ways to improve the processing of these cases.

(4) Participate in training as required.

NOTE: SARB members will determine sexual harassment and assault response and prevention training needs by monitoring each alleged sexual assault incident and submit appropriate training recommendations to the SARC.